

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

330 Seven Springs Way

☐ Check if different than previously reported. (ACC)

BRENTWOOD

TN

37027

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00347955

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Penny Brake

Signature of Treasurer

Penny Brake

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> 2014		120159.54
(b) Cash on Hand at Beginning of Reporting Period.....	164304.31	
(c) Total Receipts (from Line 19) .....	61496.50	129236.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	225800.81	249396.04
7. Total Disbursements (from Line 31) .....	17349.16	40944.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	208451.65	208451.65
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 05 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 05 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

55486.50

116941.50

(ii) Unitemized .....

6010.00

11795.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

61496.50

128736.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

61496.50

128736.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

500.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

61496.50

129236.50

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

61496.50

129236.50

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	5039.16	5334.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5039.16	5334.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10310.00	28310.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	7300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17349.16	40944.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17349.16	40944.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	61496.50	128736.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61496.50	128736.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	5039.16	5334.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	5039.16	5334.39

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 36  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. David Anderson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Jackson Purchase Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 19 / 2014

Transaction ID : SA11AI.9205

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jon Applebaum**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Twin County Regional Healthcar

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : SA11AI.9263

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Mark Aschenbeck**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

Transaction ID : SA11AI.9114

Amount of Each Receipt this Period

315.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1315.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 36  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. James Atkins**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Rockdale

Occupation

Asst. Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

**Transaction ID : SA11AI.9152**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Rodger Baker**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9252**

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Bob Barrett**

Mailing Address 244 McGuire Lane

City State Zip Code  
 Cedar Bluff VA 24609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Clinch Valley Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.9195**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Greg Bengston**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

Transaction ID : SA11AI.9256

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **B. James Bills**

Mailing Address 204 Timber Ridge Dr

City State Zip Code  
 Beckley WV 25801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Raleigh General

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014

Transaction ID : SA11AI.9209

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Beth Blankenship**

Mailing Address 8870 Big Springs Rd

City State Zip Code  
 Christiana TN 37037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Legal Dept

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 19 / 2014

Transaction ID : SA11AI.9141

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Rosemary Brown**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Associate CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2014

**Transaction ID : SA11AI.9110**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Margie Brusseau**

Mailing Address 1030 Cedar Springs Road

City State Zip Code  
 Athens TN 37303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Athens Regional Med. Ctr.

Occupation

RN, CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 12 / 2014

**Transaction ID : SA11AI.9244**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. Michael Burroughs**

Mailing Address 2009 Ridgemont Ct

City State Zip Code  
 Arlington TX 76012

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Western Plains Med Complex

Occupation

Interim CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 21 / 2014

**Transaction ID : SA11AI.9285**

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. William Carpenter**

Mailing Address 4005 Newman Place

City

Nashville

State

TN

Zip Code

37204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9113

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Jason Chaffin**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.9148

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **C. Melissa Davis**

Mailing Address 1935 Ed Davis Lane

City

Floral

State

AL

Zip Code

36442

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Andalusia Regional Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9264

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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PAGE 11 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Eric Deaton**

Mailing Address 385 East Washington St

City State Zip Code  
Wytheville VA 24382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wythe County Community Hosp

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : SA11AI.9251

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Ann Debooy**

Mailing Address 9845 Hardrock Road

City State Zip Code  
Las Cruces NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Memorial Medical Center

Occupation  
RN - CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2014

Transaction ID : SA11AI.9322

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. David Dill**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 15 / 2014

Transaction ID : SA11AI.9124

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 12 OF 36

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jerry Dooley**

Mailing Address 863 E Bunkerhill Hill Dr

City

Terre Haute

State

IN

Zip Code

47802

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.9219

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Aphriekah Dultaney**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Logan Regional

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9277

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Dana Ellerbe**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Havasau Regional Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.9278

Amount of Each Receipt this Period

1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Ronald Evans**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lifepoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

05 / 21 / 2014

Transaction ID : SA11AI.9143

Amount of Each Receipt this Period

405.00

Full Name (Last, First, Middle Initial)

**B. Joanne Fenton**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9230

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Louis Ferguson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palestine Regional Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9217

Amount of Each Receipt this Period

375.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1280.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Theresa Fife**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Logan Memorial Hospital

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.9208**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Butch Frazier**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Teche Regional Med Ctr

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.9213**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**c. Alan George**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palestine Regional

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : SA11AI.9216**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2050.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Victor Giovanetti**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Group COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.9133

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Christy Green**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9116

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kathy Hamrick**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southern TN

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 02 / 2014

Transaction ID : SA11AI.9241

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Rod Harclerod**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : SA11AI.9342

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. John Harris**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 02 / 2014

Transaction ID : SA11AI.9323

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Michael Herman**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sumner Regional Med Ctr

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : SA11AI.9249

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Reginald Hill**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1287.50

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : SA11AI.9120**

Amount of Each Receipt this Period

1287.50

Full Name (Last, First, Middle Initial)

## **B. Russell Holman**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SA11AI.9150**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Mark Holyoak**

Mailing Address 1216 W 1650 S

City State Zip Code  
Vernal UT 84078

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ashley Regional

Occupation

CNO/CCO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.9325**

Amount of Each Receipt this Period

600.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2887.50

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Feliciano Jiron**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Los Alamos Medical Center

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 12 / 2014

Transaction ID : SA11AI.9290

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. John Jones**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LifePoint Hospitals

Occupation  
 CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 07 / 2014

Transaction ID : SA11AI.9206

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **C. Joseph Koch**

Mailing Address 419 Houston Oaks Dr

City State Zip Code  
 Paris KY 40361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bourbon Community

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.9153

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Robert Luther**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Interim CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.9280**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Margaret Massey**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.9119**

Amount of Each Receipt this Period

220.00

Full Name (Last, First, Middle Initial)

**C. Timothy Matney**

Mailing Address PO Box 281

City State Zip Code  
Wilkinson WV 25653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Logan Regional Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

**Transaction ID : SA11AI.9218**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1120.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. John Maxwell**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Martinsville

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 21 / 2014

Transaction ID : SA11AI.9262

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. James McGonnell**

Mailing Address 8495 Florence Cove Road

City State Zip Code  
St. Augustine FL 32092

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Putnam Community Med. Ctr.

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2014

Transaction ID : SA11AI.9317

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Edwina Miner**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ennis Regional Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

Transaction ID : SA11AI.9215

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Cathy Mitchell**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeland Community Hosp

Occupation  
CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2014

Transaction ID : SA11AI.9265

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Sandy Morein**

Mailing Address 3872 Whiteville Rd

City State Zip Code  
Ville Platte LA 70586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ville Platte Med Ctr

Occupation  
RN, BSN, CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 19 / 2014

Transaction ID : SA11AI.9211

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Leif Murphy**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LifePoint Hospitals

Occupation  
CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 12 / 2014

Transaction ID : SA11AI.9122

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

900.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Dale Olson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9300**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Debbie Pace**

Mailing Address PO Box 120

City State Zip Code  
 Russellville AL 35653

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Russellville Hosp & Lakeland

Occupation

Associate Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 12 / 2014

**Transaction ID : SA11AI.9268**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

## **C. Vicki Parks**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.9201**

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Francis Parrish**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.9302

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Susan Peach**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 15 / 2014

Transaction ID : SA11AI.9245

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

## **C. Susan Peach**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 21 / 2014

Transaction ID : SA11AI.9247

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Joshua Perry**

Mailing Address 7221 Hwy 70 S #634

City

Nashville

State

TN

Zip Code

37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Reimbursement Mgr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.9129**

Amount of Each Receipt this Period

315.00

Full Name (Last, First, Middle Initial)

**B. Thomas Pezanosky Jr.**

Mailing Address 1192 McCoury Lane

City

Spring Hill

State

TN

Zip Code

37174

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Reimbursement Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.9130**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Lionel Phillips**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 07 / 2014

**Transaction ID : SA11AI.9258**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1015.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Laura Pierce**

Mailing Address 6802 Via Campestre

City State Zip Code  
 Las Cruces NM 88007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Med Ctr

Occupation

HR Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9318**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Mark Poppell**

Mailing Address 1615 Championship Blvd

City State Zip Code  
 Franklin TN 37064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

VP Reimbursement

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.9136**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Christopher Rehm**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 21 / 2014

**Transaction ID : SA11AI.9146**

Amount of Each Receipt this Period

1200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jeffrey Richardson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.9111

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Phillip Rivera**

Mailing Address 2450 S Telshor Blvd

City State Zip Code  
 Las Cruces NM 88011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Memorial Medical Center

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.9319

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**C. Heather Robertson**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

294.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.9107

Amount of Each Receipt this Period

294.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1544.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Michael Rosen**

Mailing Address 3208 Maverick Dr

City State Zip Code  
 LHL AZ 86404

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Havasu Regional

Occupation

CMO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 29 / 2014

Transaction ID : SA11AI.9279

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Genesis Rucker**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 21 / 2014

Transaction ID : SA11AI.9273

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. Steven Ruwoldt**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

Transaction ID : SA11AI.9320

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Thomas Scott**

Mailing Address 2108 Loudenslager

City

Thompsons Station

State

TN

Zip Code

37179

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals, Inc.

Occupation

Sr. Director Rev. Cycle

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.9139**

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. Jeff Seraphine**

Mailing Address 256 Waitsboro Drive

City

Somerset

State

KY

Zip Code

42503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Lake Cumberland Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 19 / 2014

**Transaction ID : SA11AI.9137**

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Linda Sharkey**

Mailing Address 330 Seven Springs Way

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 14 / 2014

**Transaction ID : SA11AI.9260**

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Cherie Sibley**

Mailing Address 3 Wilkins Road

City State Zip Code  
Selma AL 36701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vaughan Regional Med Ctr

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : SA11AI.9190**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **B. Mary Smith**

Mailing Address 330 Seven Springs Way

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : SA11AI.9254**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Scott Smith**

Mailing Address 1007 Woodview Court

City State Zip Code  
Morgan City LA 70380

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Teche Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 15 / 2014

**Transaction ID : SA11AI.9210**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Michael Snedegar**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bourbon Community Hospital

Occupation  
 CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9155**

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. Brian Springate**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37067

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Bourbon

Occupation  
 CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9154**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**C. Melvin Staton**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 LifePoint Hospitals

Occupation  
 VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.9127**

Amount of Each Receipt this Period

1125.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

## **A. Tracie Stratton**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

CNO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9288**

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

## **B. Ralph Underwood**

Mailing Address 264 Cascade Drive

City State Zip Code  
 Winchester TN 37398

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Emerald Hodgson Hospital

Occupation

Asst. Admin.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9240**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Debbie Varley**

Mailing Address 330 Seven Springs Way

City State Zip Code  
 Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LifePoint Hospitals

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : SA11AI.9125**

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

950.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Jonathan Wall**

Mailing Address 8309 Trading Post Ct.

City State Zip Code  
 Nashville TN 37221

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 Lifepoint Hospitals, Inc.

Occupation  
 Division CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 19 / 2014

**Transaction ID : SA11AI.9135**

Amount of Each Receipt this Period

1700.00

Full Name (Last, First, Middle Initial)

**B. Phillip Young**

Mailing Address 111 Duncan

City State Zip Code  
 Winchester TX 37398

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
 STMC/EHH

Occupation  
 CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 02 / 2014

**Transaction ID : SA11AI.9238**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2700.00

55486.50



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND

### A. FRIENDS OF MARK WARNER

05 / 19 / 2014

MARK ROBERT WARNER

Category/  
Type

Disbursement For: 2014

☒ Primary ☐ General

☐ Other (specify) ▼

State: VA District: 00

Transaction ID : SB21B.9330

Amount of Each Disbursement this Period

5000.00

### B. Regions (formerly AmSouth)

MM / DD / YYYY

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Transaction ID : SB21B.9327

Amount of Each Disbursement this Period

39.16

**C.**

Date of Disbursement

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
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77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

5039.16

**TOTAL** This Period (last page this line number only).....

5039.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Mailing Address P.O. BOX 11091

City	State	Zip Code
CHATTANOOGA	TN	37401

Purpose of Disbursement  
fund raiser

Candidate Name

**CHARLES J FLEISCHMANN**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2014

**Transaction ID : SB23.9331**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. NCHA HOSPAC**

Mailing Address 2400 Weston Pkwy

City	State	Zip Code
Cary	NC	27513

Purpose of Disbursement  
fundraiser

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2014

**Transaction ID : SB23.9332**

Amount of Each Disbursement this Period

3810.00
---------

Full Name (Last, First, Middle Initial)

**C. TENN POLITICAL ACTION COMMITTEE INC (TENN PAC)**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2014

**Transaction ID : SB23.9328**

Amount of Each Disbursement this Period

5000.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

10310.00
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10310.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Mary Helen Garcia**

Mailing Address 5271 Hwy 28

City	State	Zip Code
Las Cruces	NM	88005

Purpose of Disbursement  
campaign

Candidate Name

**Committee to Elect Mary Helen Garcia**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 34

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : SB29.9337**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Patricia Lundstrom**

Mailing Address 3406 Blue Hill Avenue

City	State	Zip Code
Gallup	NM	87301

Purpose of Disbursement  
campaign

Candidate Name

**Committee to Elect Patricia Lundstrom**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : SB29.9335**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**C. Committee to Elect Roger Madalena**

Mailing Address 373 Buffalo Hill Rd

City	State	Zip Code
Jemez Pueblo	NM	87024

Purpose of Disbursement  
campaign

Candidate Name

**Committee to Elect Roger Madalena**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NM District: 65

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : SB29.9339**

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 36

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LIFEPOINT HOSPITALS INC GOOD GOVERNMENT FUND**

Full Name (Last, First, Middle Initial)

**A. Committee to Elect Zach Cook**

Mailing Address 142 Rowan Road

City	State	Zip Code
Ruidoso	NM	88345

Purpose of Disbursement  
campaign

Candidate Name

**Committee to Elect Zach Cook**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NM District: 56

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2014

**Transaction ID : SB29.9333**

Amount of Each Disbursement this Period

500.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

500.00
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2000.00
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